

Office of Emergency Medical & Trauma Prevention

MEDICAL INCIDENT REPORT (MIR) ORDER FORM

Make Check or Money Order Payable To: **DOH, Emergency Medical Services**PO Box 1099 Olympia WA 98507-1099

DEOUEOTORIO NAME						L BATE ((1)(
REQUESTOR'S NAME						DATE (I	mm/dd/yyyy)	
TELEBUONE NUMBER								
TELEPHONE NUMBER AGE		GENCY/FACILTY NAME		AGENCY/FACILITY NUMBER		FEDERAL ID NUMBER (IF APPLICABLE)		
MAILING/SHIPPING ADDRESS			CIT			STATE	ZIP CODE	
WALLING/OF III T ING ADDITEGO						OTATE	Zii GGBE	
ITEM		DESCRIPTION	DESCRIPTION			ICE	Check Quantity	
MIR Forms		1 Pad (25 Forms)	1 Pad (25 Forms)			6.25		
		2 Pads (50 Forms)	2 Pads (50 Forms)			3.75		
		4 Pads (100 Forms)	4 Pads (100 Forms)			\$14.00		
		8 Pads (200 Forms)	8 Pads (200 Forms)			1.50		
		1 Case (36 Pads)	1 Case (36 Pads)			\$88.25		
			MIF			Amount		
Supplemental MIR Forms		1 Pack (25 Forms)	1 Pack (25 Forms)			.00		
		1 Case (800 Forms)	1 Case (800 Forms)			1.25		
			Sup	plemental M	IR form	Amount		
					SUB	TOTAL		
				. =.				
		WA R	esidei	nts Please ad	dd 8.4% s	sales tax		
				7	OTAL A	MOUNT		
Т	rau	ma Bands are available at no c	net n	n the OFM	ΓP weh	site at		
		www.doh.wa.gov/hsqa	/emt	o/order.htm	<u>1</u>			
C	or b	y contacting the OEMTP at (360) 236	-2828 or 1-	800-458	-5281.		
		Medical Incident Repo	ort (M	IIR) Order				
For DOH Use Only								
Name								
Amount Paid	Amount Paid Date Filled							
By Whom								

THIS FORM MAY NOT BE DUPLICATED.